



**TOWN OF UXBRIDGE
OFFICE OF THE TOWN MANAGER
Town Hall Room 102
21 South Main Street
Uxbridge, MA 01569-1851
508-278-8600 Fax 508-278-8605**

Date: _____

Certification Code: UXBHP

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
ATTN: CORI Unit
200 Arlington Street, Suite 2200
Chelsea, MA 02150

Dear Sir or Madam:

The Town of Uxbridge has been certified by the Criminal History Systems Board for access to criminal offender record information conviction data. As an applicant for a _____, the below listed individual authorizes that a record check will be conducted for conviction information only and that it will not necessarily disqualify the applicant.

Sincerely,
Michael Szlosek, CORI Authorized Employee

APPLICANT/EMPLOYEE INFORMATION (To be completed by the applicant and returned to the Office of the Town Manager. Applicants must show a photo id when submitting.)

Last Name

First Name

MI

Maiden Name

DOB

SS#

Address

City, State

Zip

Applicant Signature

Date